

REGISTRATION FORM

TITLE IV-E ELIGIBILITY AND REIMBURSABILITY DETERMINATION REGIONAL TRAINING

(Please submit separate forms for each training site.)

Name of Registrant(s): _____

County Agency: _____

Address: _____

City: _____ Zip: _____

Telephone: _____ FAX: _____

	<u>Training Location</u>	<u>Registration Deadline</u>
Check one:	_____ Hayward	(October 30) October 24, 2001
	_____ Eau Claire	(November 1) October 24, 2001
	_____ Mosinee	(November 2) October 24, 2001
	_____ Waukesha	(November 12) November 7, 2001
	_____ Green Bay	(November 13) November 7, 2001
	_____ Madison	(November 15) November 7, 2001

Return form by deadline to:

JoAnn Skaife
DHFS/DCFS/BPP
P.O. Box 8916
Madison, WI 53708-8916
FAX: (608) 264-6750
Phone: (608) 266-9293

*** A copy of the manual, confirmation notice, agenda and directions will be mailed prior to the training.***